

*Section of Otology*

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discs normal; pulse-rate 53. The right tympanic membrane showed a large perforation discharging some foul pus; no tenderness over the mastoid process.

*Operation.*—Foul pus emitted under pressure found in small cells in the mastoid and in the antrum granulations on the lateral sinus. Lumbar puncture showed the fluid under increased pressure.

Some temporary improvement followed; further operation undertaken in order to explore the middle fossa; pus drained from temporo-sphenoidal lobe; in spite of this drainage pulse remained at 56 and headache was unrelieved. Another operation: on exploring the previous opening no more pus was found; a finger was then introduced into the brain and a smooth, slightly tense swelling felt on the posterior and inner wall of the abscess cavity; a forceps thrust into this swelling released a large amount of pus; patient made a slow recovery. The pus contained *Staphylococcus aureus* and *Bacillus xerosis*.

**Two Cases of Cerebellar Abscess: Previously Reported.<sup>1</sup>**

By SYDNEY SCOTT, M.S.

(I) Cerebellar abscess; sudden coma and apnoea; recovery after operation during artificial respiration.

(II) Cerebellar abscess five weeks after onset of acute otitis media, right side.

**Left Temporo-sphenoidal Abscess: Amnesia for Names of Objects: Previously Reported.<sup>2</sup>**

By SYDNEY SCOTT, M.S.

**Left Temporo-sphenoidal Abscess Opened Sixteen Days after the Onset of Acute Otitis Media. Outstanding Symptom Auditory Amnesia ("Name-Amnesia").**

By SYDNEY SCOTT, M.S.

R. H. G., MALE, aged 36, caught severe "cold in head" on July 2, 1923, followed by acute earache and spontaneous otorrhœa on July 5. Otorrhœa and slight pyrexia (100-101° F.) lasted seven days, and during the second week he was free from all symptoms, but in spite of this he became physically and mentally inert, and remained in bed showing no wish to get up. He lacked initiative, and used incorrect words in conversation. For instance he called a glass stopper "a bung," a pencil he called "a calculator," a tuning-fork was also "a calculator," a comb was "for the

<sup>1</sup> See *Proceedings*, 1923, xvi (Sect. Otol.), 56, 57.

<sup>2</sup> *Ibid.*, 55, 56.

household," a brush was also "for the household"—instead of for the "hair of the head." The neurological reflexes were all normal. He was not sick, and had no headache even after sitting up and bending the head over the knees while the lower extremities were extended.

The diagnosis of a temporo-sphenoidal abscess depended solely on the mental inertia, and auditory paraphasia. An exploratory operation was carried out, the abscess discovered in the cerebrum immediately above the middle ear and drained. The mucosa of the antrum was slightly swollen, but there was no pus in the tympanum.

After the operation, he was found to have right-sided homonymous hemianopia without involvement of the macula (Sir William Lister). This hemianopia still persists—over three and a half years since the operation, but he is a highly intelligent, capable, active man, having adapted himself to the narrowed visual field. He was recently re-insured as a first-class life.